

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101599960

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1						51					
2	1							52					
3	1							53					
4	1							54					
5	1							55					
6	1							56					
7	1							57					
8	1	1						58					
9	1							59					
10	1							60					
11	1							61					
12	1							62					
13								63					
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39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	3		↓		↓		↓						
TOTAL DEP.	9	←		←		←		↓		↓		↓	
TOTAL CLAIMS	12							←		←		←	